

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSIAN
OR CORONER

W Name Bishop

CERTIFICATE OF DEATH

Died at home Carmichael D. C.

MARYLAND

| | | | | | |
|--------------------|---------------------|----------------------------|-------|----------|---------|
| Date of death 1909 | Month December | Day 6 | Years | Months 1 | Days 24 |
| Sex Male | Color or Race white | Birth-place D. C. Co., Md. | | | |

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Tilghman Bishop

Father's Birthplace

D. C. Co., Md.

Mother's Maiden Name

Ethel Mildred Bartlett

Mother's Birthplace

Centerville Md.

Name of person giving
Information

P. H. Ford

How related
to deceased

Physician

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Two days

Immediate

Exhaustion

How long

Six hours

Are the name, age, sex, color, date
and place correctly given above?

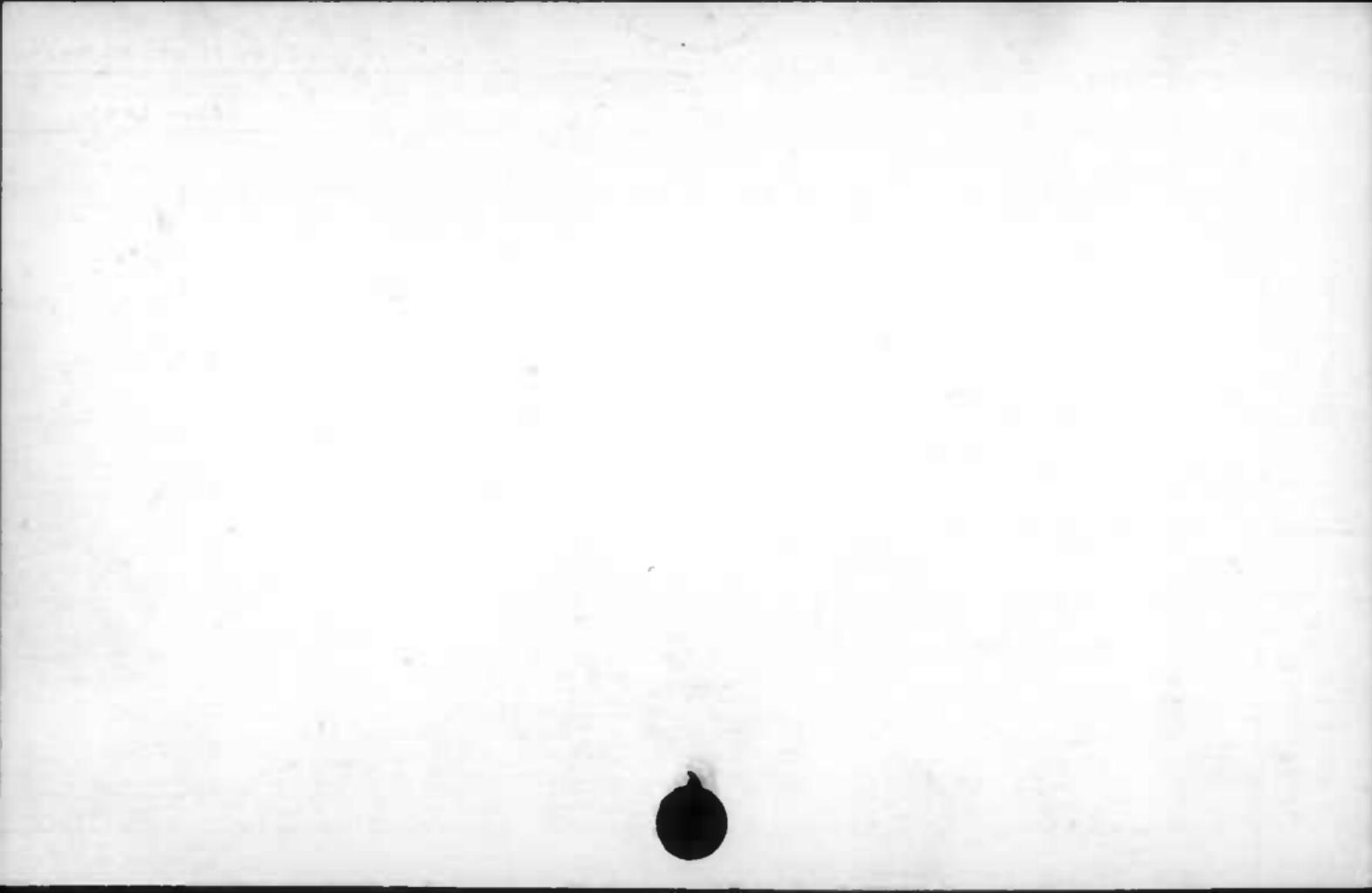
Yes

Signature of
Physician

Address

Rowland H. Ford
Queenstown Md.

Accident or Suicide



Name
in
Full

Infant Still Born Child of Albert & Indiana Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|--|----------------------------|------------------|----------|--------|
| Town Died at | near Burrisville | County | MARYLAND | | |
| Date of death 1909 | Month 3 | Day 11 | Years — | Months — | Days — |
| Sex male | Color or Race Negro | Birth-place — | | | |
| Occupation — | Where Raiding if not at place of death — | | | | |
| Married, Single or Widewad | Name of Wife or Husband | | | | |
| Father's Name | Albert Burke | Father's Birthplace | Balto. Md. | | |
| Mother's Maiden Name | Indiana Wilson | Mother's Birthplace | Anne Arundel Co. | | |
| Name of person giving Information | Albert Burke | How related to deceased | Father | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stillborn

8
How long

Immadiata

Elzie Cheers Dead wife

How long

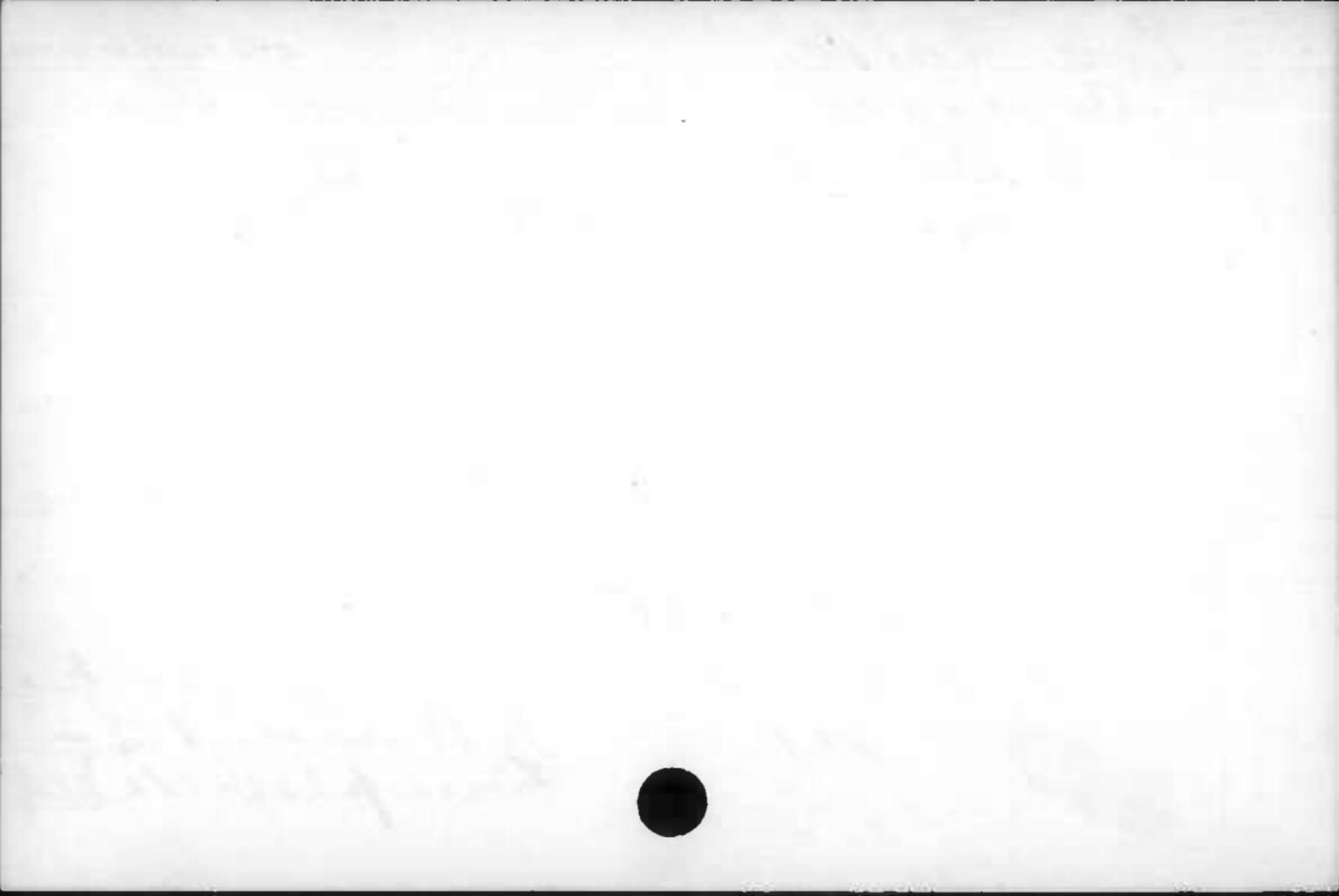
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John W. Harman
Sub Registrar

Accident or Suicide



Name
In
Full

Eva Cain

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|-------------|----------|------|
| Died at | Town | County | MARYLAND | |
| Bancley | Queen Anne | | Months | Days |
| Date of death | Month | Years | 3 | - |
| 1909 | 3 | 28 | Age | |
| Sex | Color or Race | Birth-place | | |
| Female | Black | Md. | | |
| Occupation | Where Residing if not at place of death | | | |
| — | — | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | |
| — | — | | | |
| Father's Name | Father's Birthplace | | | |
| Lewis Cain | Md - | | | |
| Mother's Maiden Name | Mother's Birthplace | | | |
| Mary Cain | Md - | | | |
| Name of person giving information | How related to deceased | | | |
| Lucille Cain | Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Emphyelis

105

How long

2 weeks

Immediate

Emphyelis

3 weeks

Are the name, age, sex, color, date and place correctly given above?

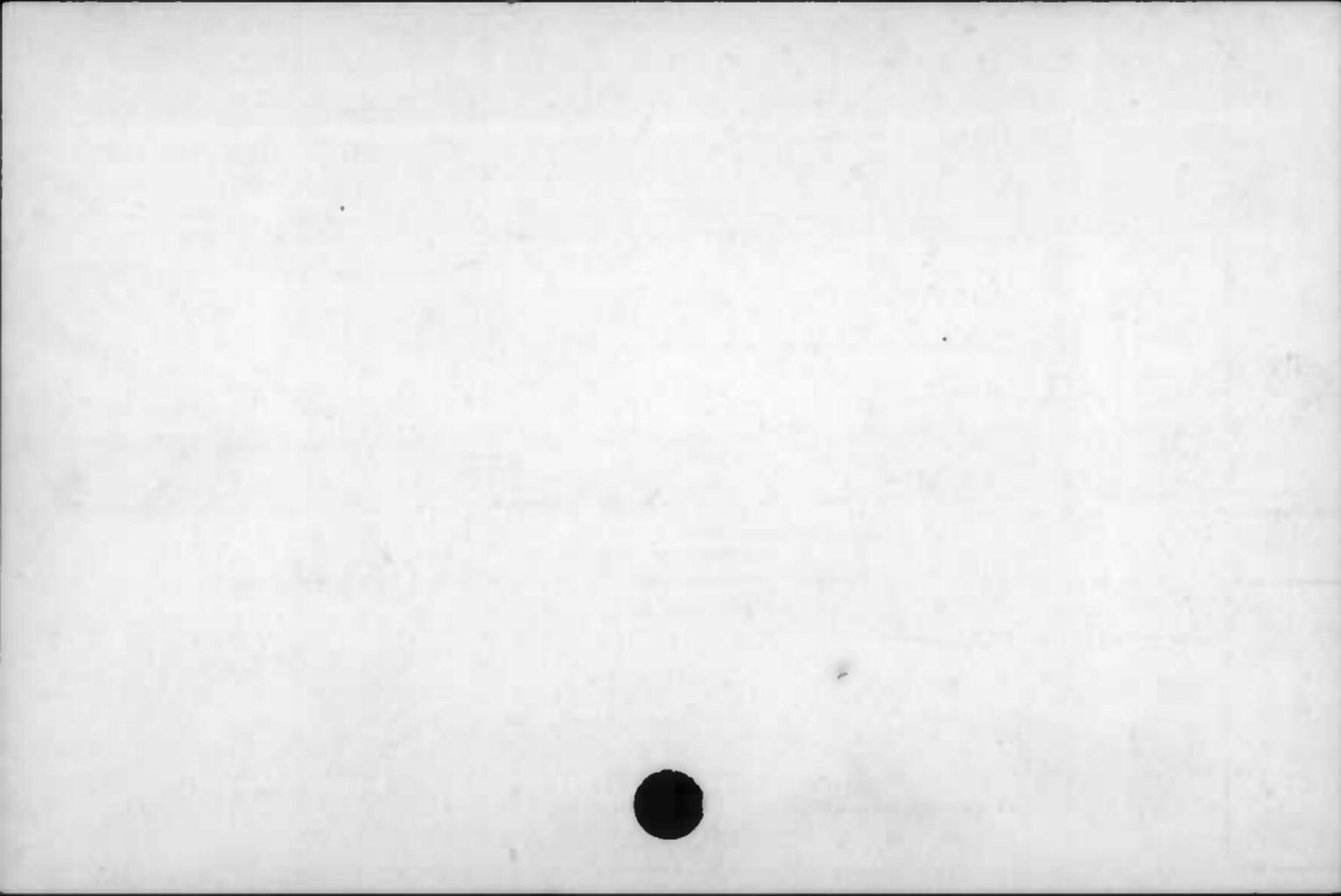
Yes

Signature of Physician

J. R. Smith

Address
Grampiole Rd.

Accident or Suicide?



Name
in
Full

Glenora Hale

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|---|-------------------------------|--------|-------|--------|------|
| Town Died at Newkentville Md | County Queen Anne | MARYLAND | | | | |
| Date of death 1909 | Month 8 | Day 30 | Age 35 | Years | Months | Days |
| Sex Female | Color or Race Black | Birth- place Queen Anne Md | | | | |
| Occupation Teacher | Where Residing if not at place of death Place of death | | | | | |
| Married, Single or Widowed married | Name of wife or Husband Oliver Hale | | | | | |
| Father's Name Eucroy Blaske | Father's Birthplace Queen Anne Md | | | | | |
| Mother's Maiden Name Dally Platins | Mother's Birthplace Queen Anne Md | | | | | |
| Name of person giving Information Oliver Hale | How related to deceased Husband | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

18 mos.

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Henry Hale MD
Newkentville Md.

I only gave the physician now
that a few days ago

Accident or Suicide? No

Thomas, Emory.
Spanard Neck

Name
in
Full

Sarah Elizabeth Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------------------|---|---------------|-------------------------|-------------|
| Town | County | MARYLAND | | | |
| Died at | Queen Anne | | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1908 | Mar | 30 | Age 97 | 6 | — |
| Sex | Female | Color or Race | White | Birth-place | Caroline Co |
| Occupation | None | Where Residing if not at place of death | — | | |
| Married, Single or Widowed | Widow | Name of Wife or Husband | James Coleman | Father's Birthplace | Unknown |
| Father's Name | Sam Parkfield | | | Mother's Birthplace | " |
| Mother's Maiden Name | Unknown | | | How related to deceased | Daughter |
| Nams of person giving Information | Sarah E. Coleman | | | How long | 10 |

CAUSES OF DEATH

Primary

Old Age General Debility

Immediats

La Gripe

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

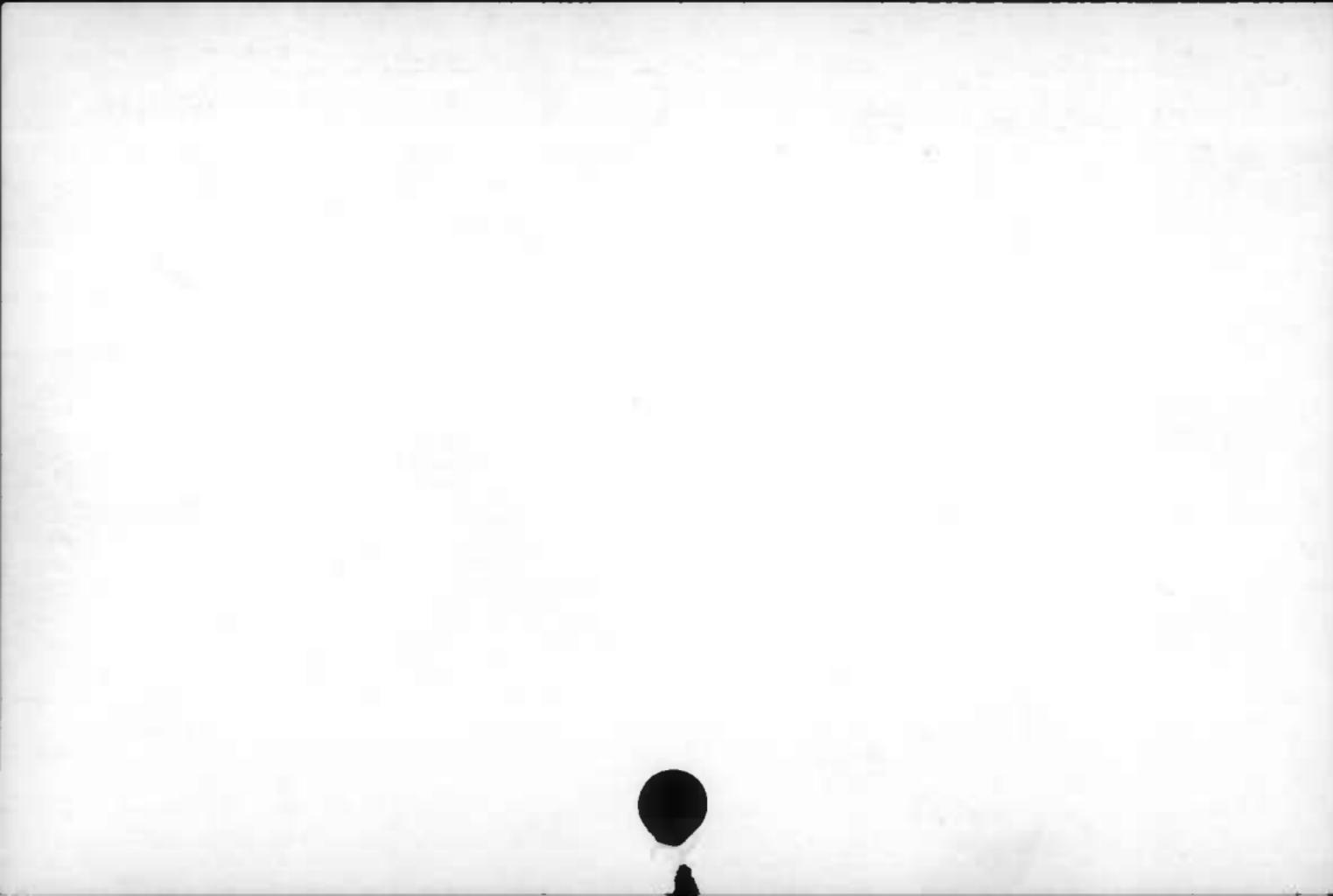
Address

Arthur E. Lander.

Health Officer
Q. A. Co.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | CERTIFICATE OF DEATH | | |
|-----------------------------------|---|--------|------------------------------------|-----------|----------------------|--|--|
| Died at | Town | County | | MARYLAND | | | |
| Date of death | Month | Day | Years | Months | Days | | |
| Sex | Color or Race | Age | | Stillborn | | | |
| Occupation | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | | |
| Father's Name | Alex Cornegy. | | Father's Birthplace Queen Anne Co. | | | | |
| Mother's Maiden Name | Rebecca Blake | | Mother's Birthplace " " " | | | | |
| Name of person giving information | Alex Cornegy. | | How related to deceased Father. | | | | |

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary

Stillborn

Immediate

Stillborn

Are the name, age, sex, color, date and place correctly given above?

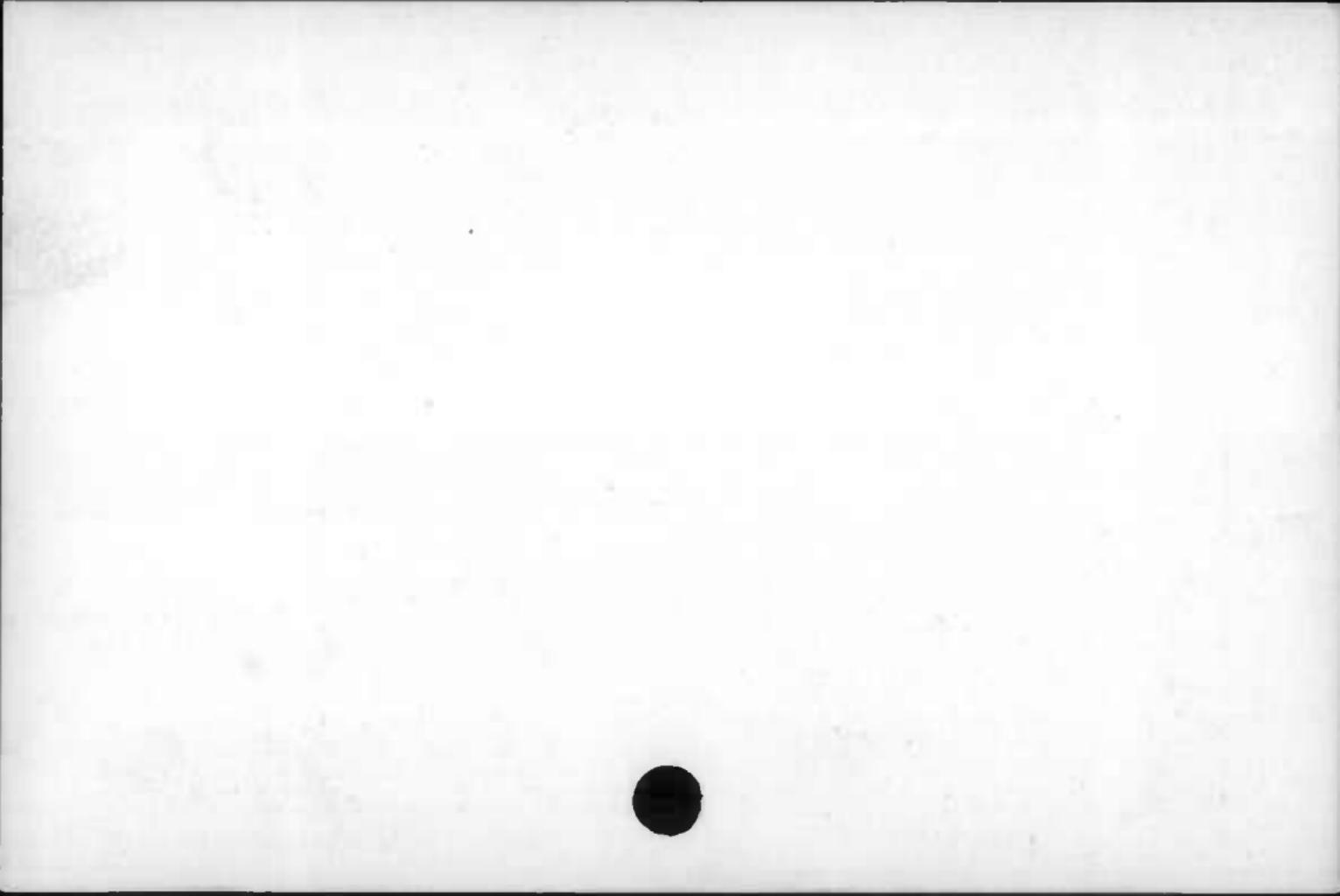
Yes

Signature of Physician

Address

E. F. Smith
Centreville
Md.

Accident or Suicide?



Name
in
Full

John Dickinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---------------------|-------------------------|-------|---|----------------|-------|
| Town | Queen Anne | | | County | | |
| Died at | New Centreville | Month | 3 | Day | 15 | Years |
| Date of death | 1909 | Age | 74 | Months | 5 | Deys |
| Sex | Male | Color or Race | White | Birth-place | Balto. Md. | |
| Occupation | Farmer | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Widower | Name of Wife or Husband | | | | |
| Father's Name | John Dickinson | | | Father's Birthplace | Balto. Co. Md. | |
| Mother's Maiden Name | Elizabeth Ann Lenox | | | Mother's Birthplace | Balto. | |
| Name of person giving Information | Mary E. Harrison | | | How related | Daughter | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

8 days

Immediate

Cardiac Paralysis

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

yes

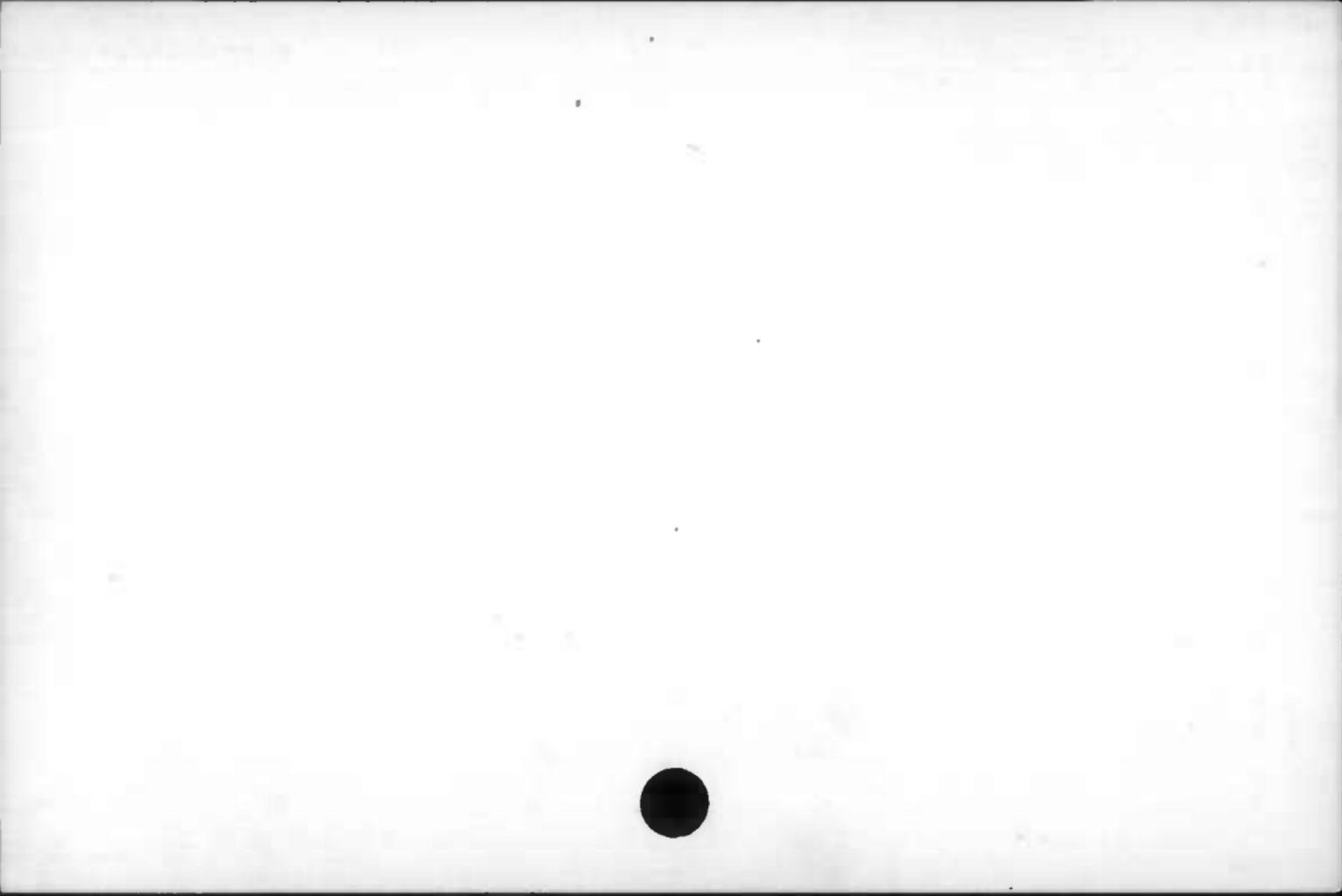
Signature of Physician

Address

J. M. Gandy
Balto. Md.
Centreville
Queen Anne, Del. Md.

Accident or Suicide

No



Name
in
Full

Grace Gibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | |
|--|---|-------------------------|------------------------|
| Died at | Town | County | MARYLAND |
| Date of death | Month | Day | Years Months Days |
| Sex | Color or Race | Age | one 6 |
| Occupation | Where Residing if not at place of death | | |
| Married, Single or Widowed | Name of Wife or Husband | | |
| Father's Name | John Gibbs | Father's Birthplace | Queen Anne Co |
| Mother's Maiden Name | Leby Blake | Mother's Birthplace | Queen Anne Co |
| Name of person giving Information | Henry Blake | How related to deceased | Grand F. |
| CAUSES OF DEATH | | | |
| Primary | | | |
| Immediate | dead | How long | one week |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | No Dr John W. Garrison |
| | | Address | Sub Register |
| Accident or Suicide? | | | |

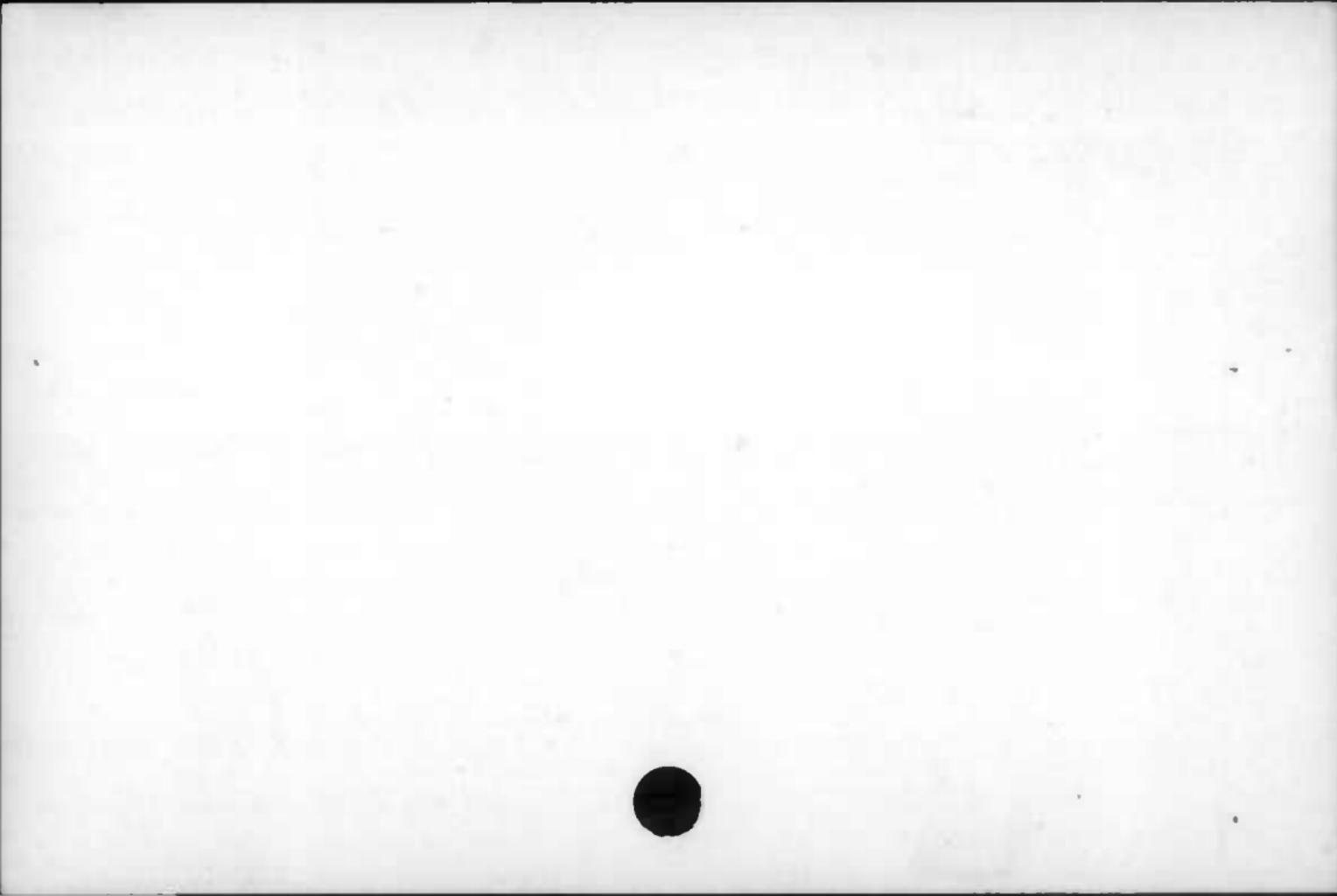
87

one week

How long

No Dr John W. Garrison

Sub Register



Name
in
Full

Ralph H Garrison Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|------------------------|-------|----------|------|
| Town | County | | | | |
| Died at Cummington | & Dune Co | | | MARYLAND | |
| Date of death 1909 | Month Mar | Day 14 | Years | Month | Days |
| Sex Male | Color or Race white | Birth-place Cummington | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name Ralph H Garrison | Father's Birthplace Scranton Pa | | | | |
| Mother's Maiden Name L Dune Williamson | Mother's Birthplace & Dune Co | | | | |
| Name of person giving Information Ralph H Garrison | How related to deceased Father | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stillborn

8

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

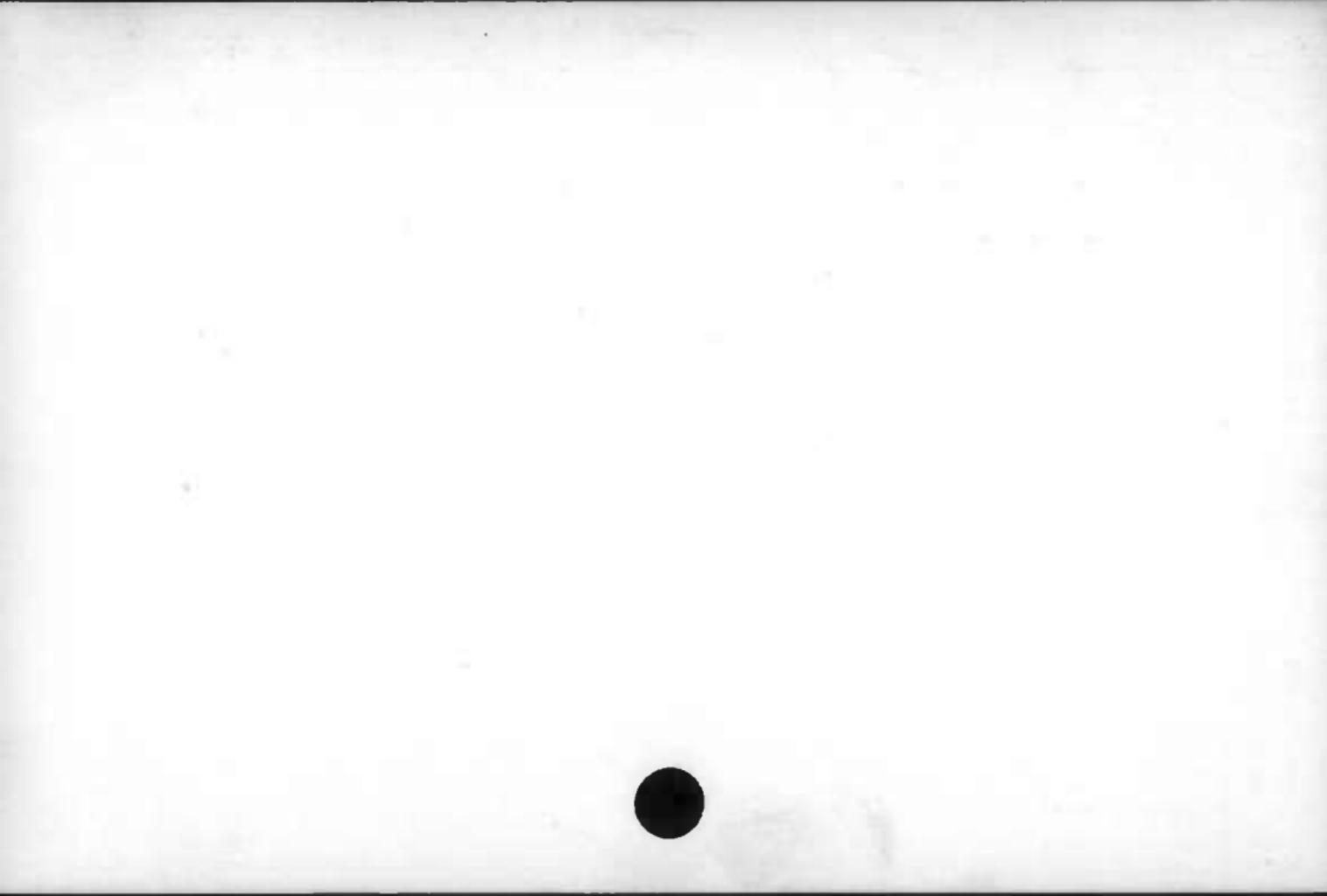
Signature of Physician

C P Gowman

Address

Wallington

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sadie Kilson

CERTIFICATE OF DEATH

| | | | | | |
|-----------------------------------|---|-------------------------|------------|--------------|-------------|
| Town | | County | | MARYLAND | |
| Died at | Queenstown | O.C. | | | |
| Date of death | 1909 | Month March | Day 6 | Years Age 10 | Months Days |
| Sex | Female | Color or Race | Colored | Birth-place | 2 also |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | Queenstown | | |
| Father's Name | John Kilson | | | | |
| Mother's Maiden Name | Maggie Elizab. | | | | |
| Name of person giving Information | Mr. Alley | | | | |

CAUSES OF DEATH

27

Primary

Tubercular Pneumonia

How long

Three days

Immediate

Cardiac failure

How long

Don't know

Are the name, age, sex, color, date and place correctly given above?

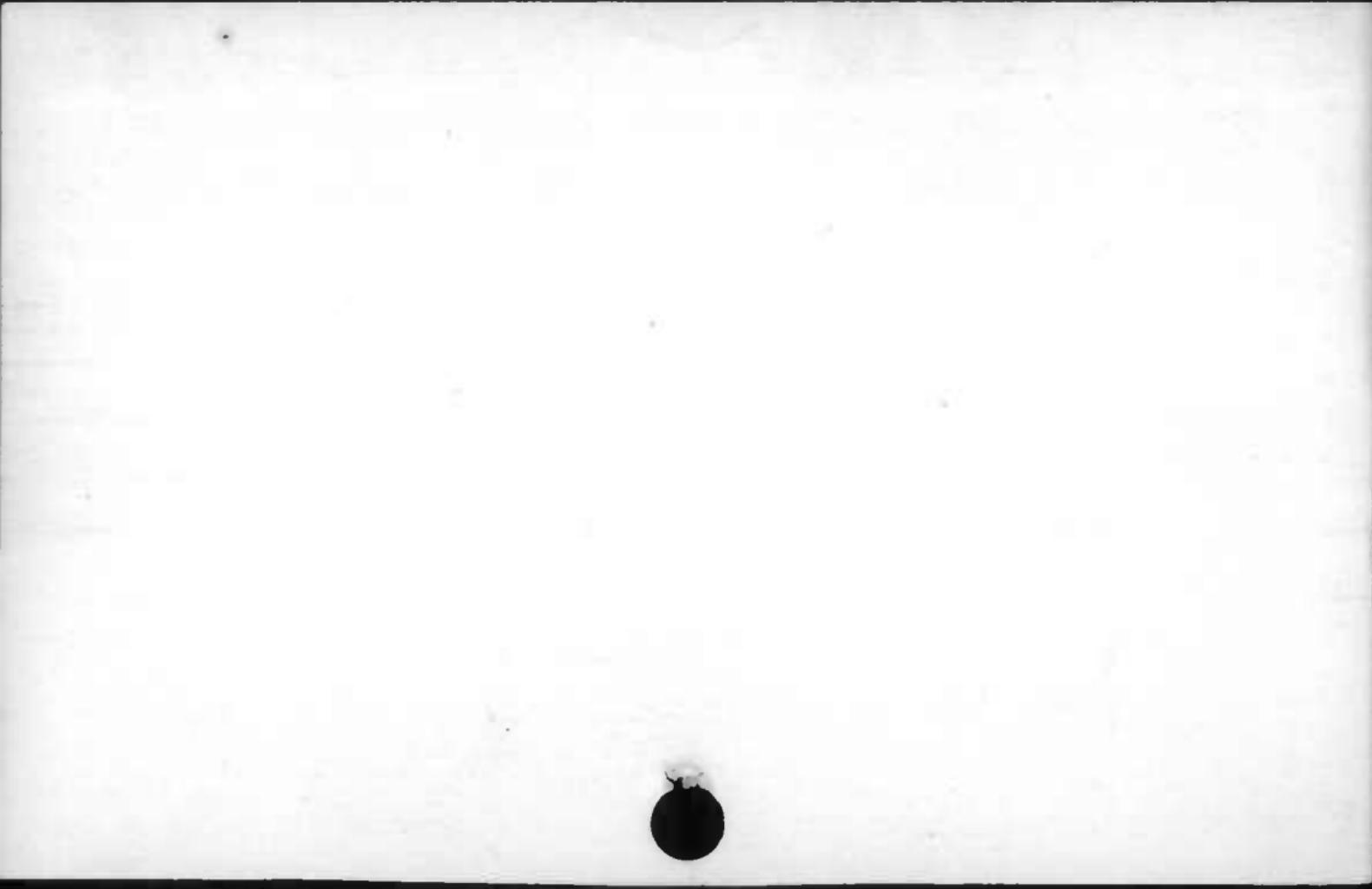
Signature of Physician

Address

Yes

Lowland H. Ford
Queenstown, Md.

Accident or Suicide



Name
in
Full

Ida Lockermann

CERTIFICATE OF DEATH

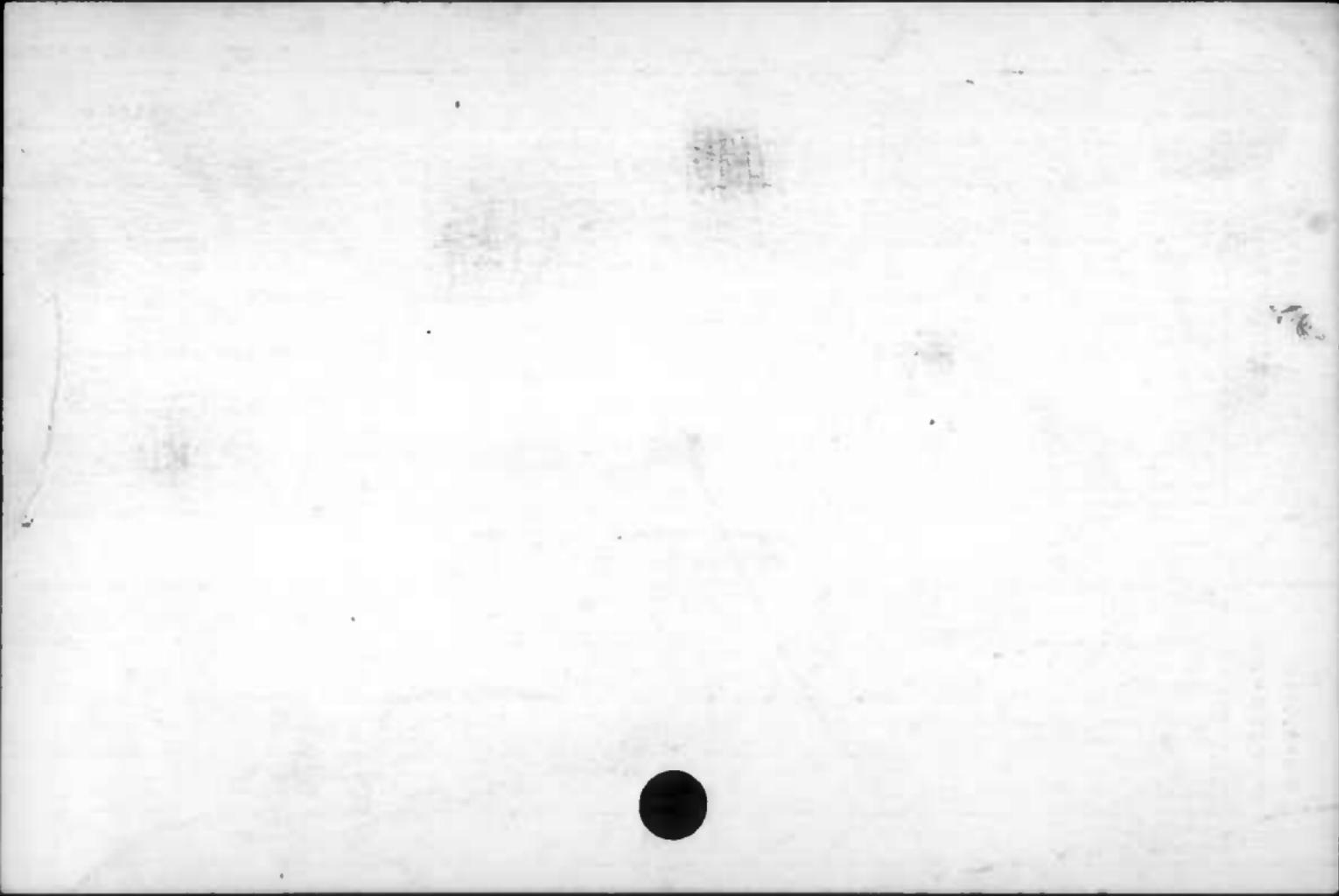
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|--|---------------|----------------------------|-------------|-------|
| Died at | | Town | County | MARYLAND | |
| Near Millington | | Queen Anne's | | Month | Days |
| Date of death | 1909 | Month | Age | 36 | Years |
| Sex | Female | Color or Race | Black | Birth-place | Md |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of wife or Husband | | Edward Lockermann | | |
| Father's Name | Henry Graves | | Father's Birthplace | Md | |
| Mother's Maiden Name | Mattha Magdes | | Mother's Birthplace | Md | |
| Name of person giving Information | Edward Lockerman | | How related to deceased | Husband | |

PHYSICIAN
OR CORONER

CAUSES OF DEATH

| | | |
|---|----------------------------------|---------------------------|
| No Physician in attendance | | How long |
| Immediate | Hemorrhage (after child birth) | How long |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician |
| | | Address |
| Accident or Suicide | Dr W. H. Jacobs Millington Md | |



Name
in
Full

Renzi R. Medders

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | |
|-----------------------------------|---|-------------|-------------|
| Died at | Town | County | MARYLAND |
| Date of death | Month | Year | Months Days |
| Sex | Color or Race | Age | |
| Occupation | Where Residing if not at place of death | | |
| Married, <u>S</u> or Widowed | Name of Wife or Husband | C M. Howard | |
| Father's Name | James E. Howard | | |
| Mother's Maiden Name | A. R. Howard | | |
| Name of person giving information | | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Heart failure

How long

7 days

Immediate

1 yr old

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

In Orange Co
Middleburg



Name
in
Full

William Frederick Migner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------|-------------------------|---------------------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | Birth-place | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | Father's Birthplace | Mother's Birthplace | |
| Father's Name | Isaac Migner | | 2 A County | Bal city | |
| Mother's Maiden Name | Ella Risley | | How related to deceased | Father | |
| Name of person giving Information | Trade migner | | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

Several days

Immediate

Asphyxia

How long

Short time

Are the name, age, sex, color, date and place correctly given above?

yes

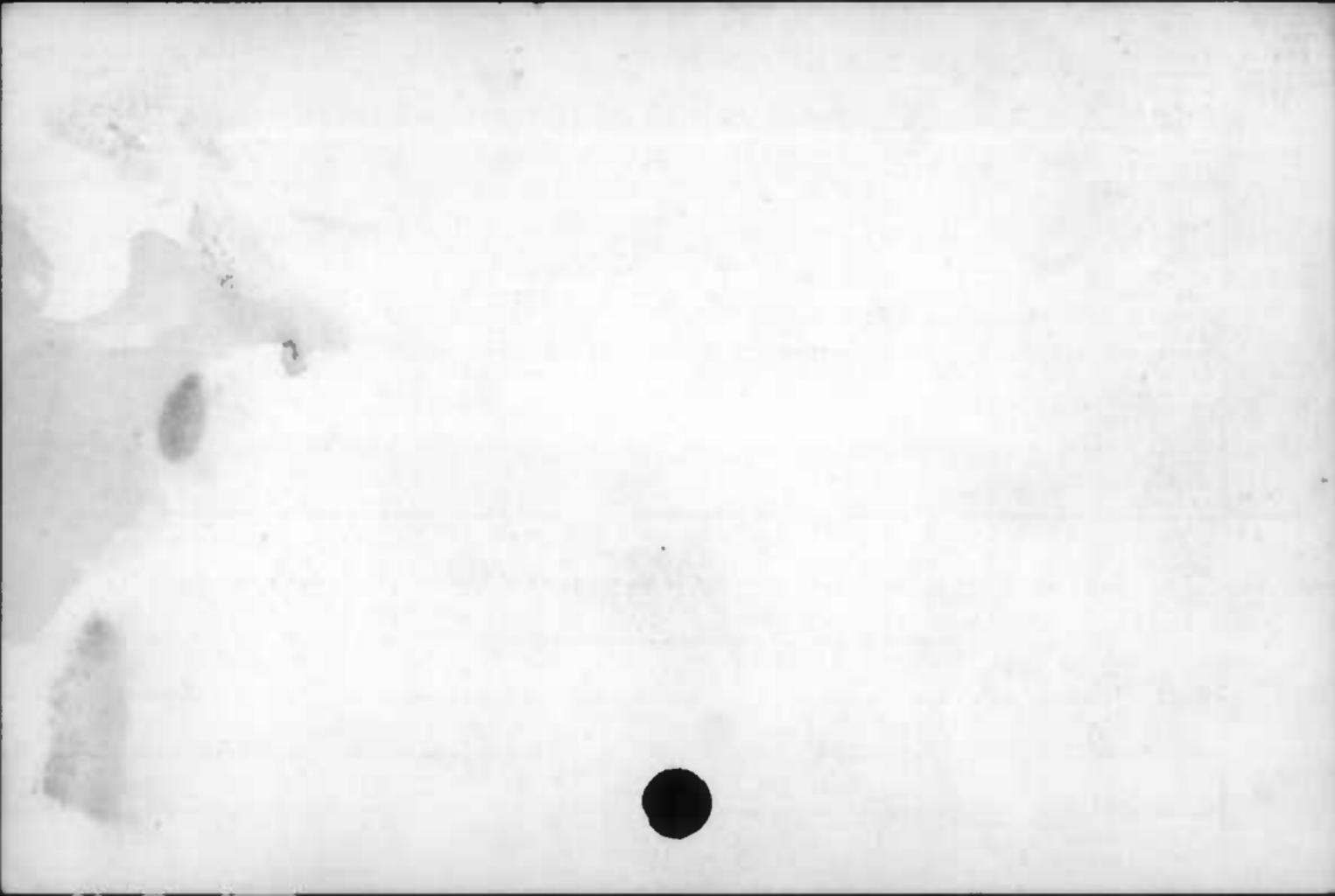
Signature of Physician

Address

Wm. Henry
Stevensville Md

Accident or Suicide?

MP



Name
in
Full

Heuretta Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|-----------------------------------|------------------|---|-------------|-------------|-------------------------|---------------|------|
| Died at Queenstown | | Town | | County | | MARYLAND | |
| Date of death | 1909 | Month 3d | Day 6th | Age 72 yrs. | Years | Months | Days |
| Sex | Female | .Color or Race | cal. | Birth-place | | 2.A.C.O., Md. | |
| Occupation | Nursing | Where Residing if not at place of death | | | at Daughter's | | |
| Married, Single or Widowed | | Name of Wife or Husband | Pere Murray | | Father's Birthplace | Unknown | |
| Father's Name | Unknown | | | | Mother's Birthplace | Unknown | |
| Mother's Maiden Name | Elizabeth Singer | | | | How related to deceased | Unknown | |
| Name of person giving information | Fannie Howard | | | | How long | 3 days - | |

CAUSES OF DEATH

154

Primary

Heart failure

How long

Immediate

" old age -

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

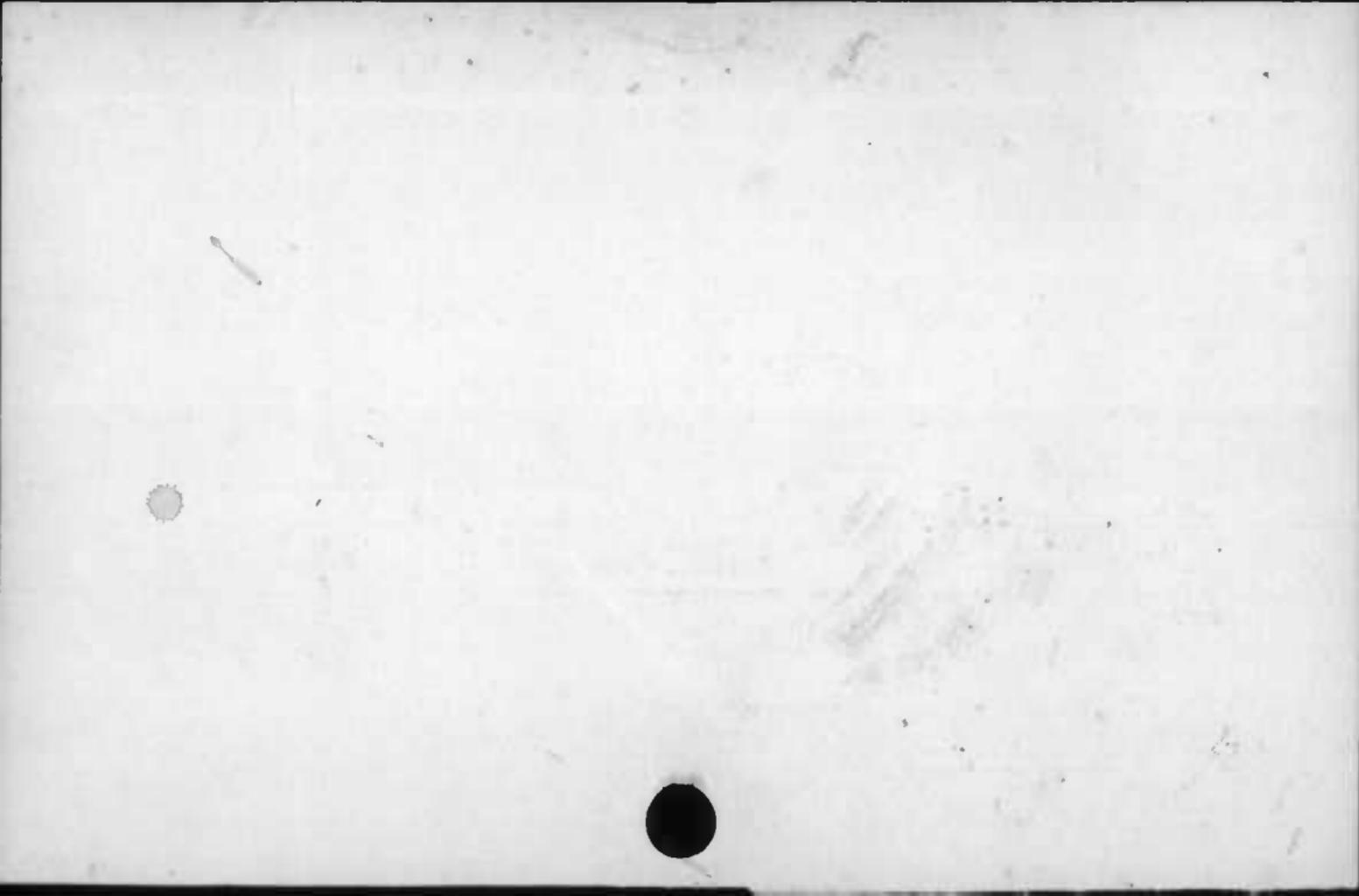
Address

W.W. Barnes

Queenstown, Md.

Winchester

Accident or Suicide?



Name
in
Full

Mary A. Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-----------------|------------|-------------------------|------------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | Germantown | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Gustavas Snyder | | | |
| Father's Name | — Grubert | | | Father's Birthplace | Germantown |
| Mother's Maiden Name | Gertrude | | | Mother's Birthplace | Germantown |
| Name of person giving Information | Mrs C.H. Weston | | | How related to deceased | Daughter |

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Chronic Malaria

4

How long

3 mos.

Immediate

Pulmonary Oedema

How long

10 days.

Are the name, age, sex, color, date and place correctly given above?

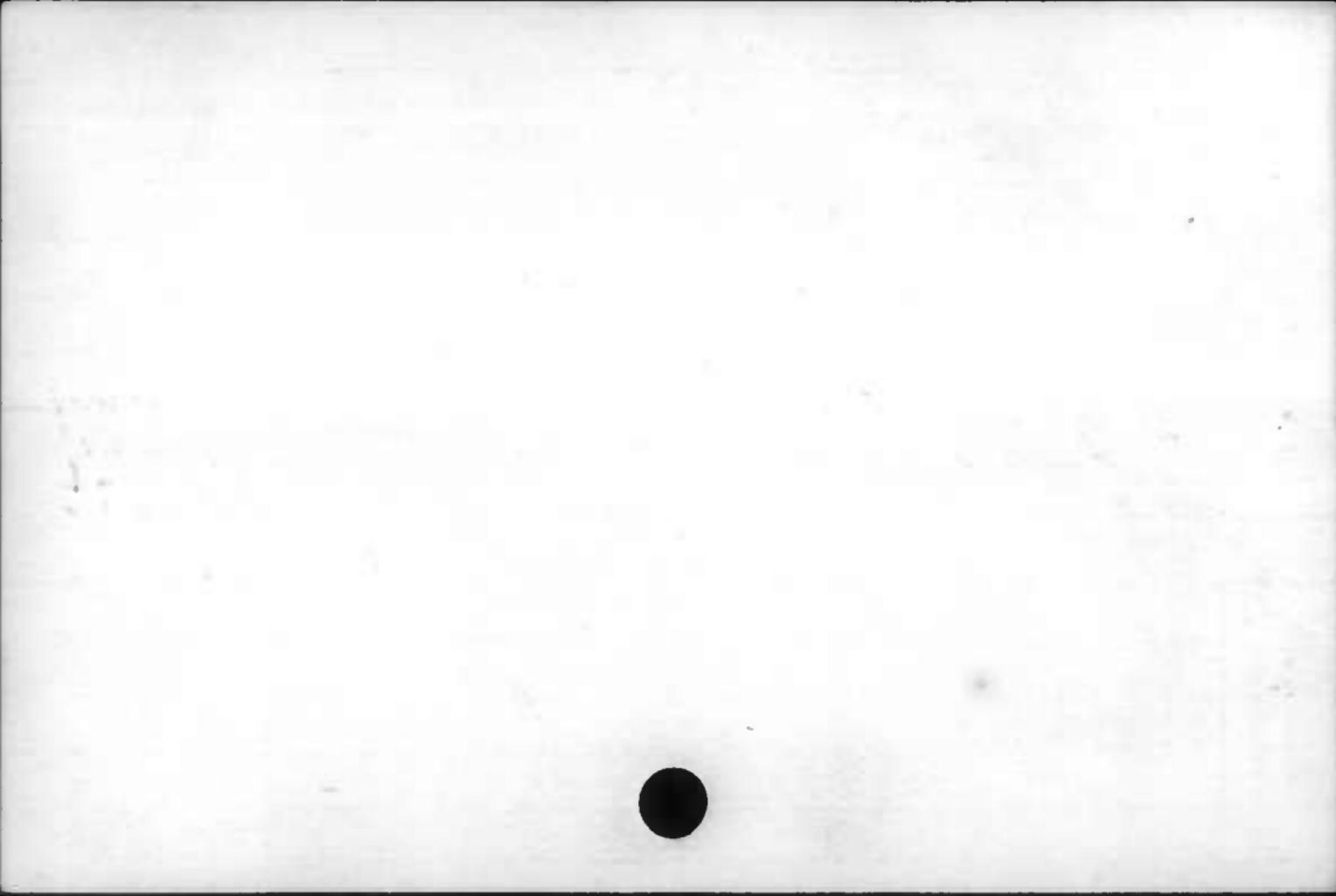
yes

Signature of Physician

Address

D Chas E Snyder,
Stevensville, Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

| | | | | | |
|-----------------------------------|---|--------------------|-------------|-------------------------|----------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | Birth-place | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Joseph R Spoor Sr. | | | |
| Father's Name | John Howell Jr. | | | Father's Birthplace | DeLocord |
| Mother's Maiden Name | Anna McLeineny | | | Mother's Birthplace | Cecil Co |
| Name of person giving Information | Joseph R Spoor Jr. | | | How related to deceased | Husband |

CAUSES OF DEATH

66

How long

5 Years

How long

30 Min

Primary

Necroplegia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

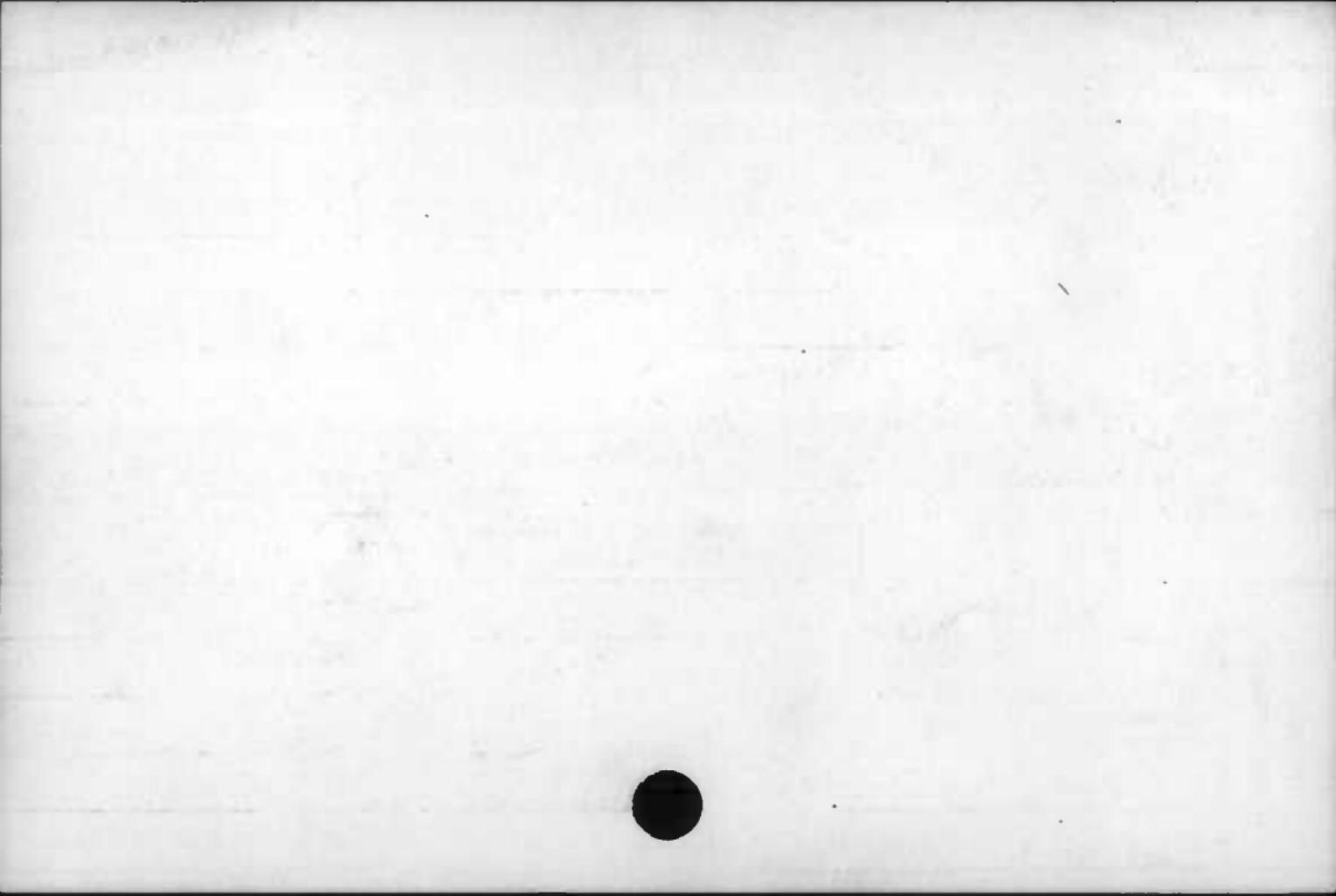
Signature of Physician

Address

J. Spoor Jr.
Church Hill
Queen Anne's Co Md.

Accident or Suicide?

No



Name
in
Full

Amelia M Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|--------------------------------------|---|--|-----------------------------------|------|
| Town | County | MARYLAND | | |
| Died st | Centreville | Queen Anne's | Months | Days |
| Date of death 190 | Month 3 | Day 5 | Age 83 | |
| Sex Female | Color or Race Negro | Birth-place Cannichael. | | |
| Occupation Cook | Where Residing if not at place of death | | | |
| Married, Single or Widowed widow | Name of Wife or Husband George Thomas. | Father's Name Borsey Lee | Father's Birthplace Cannichael | |
| Mother's Maiden Name Candas Hutchins | Mother's Birthplace Cannichael | Name of person giving Information Sarah Washington | How related to deceased daughter. | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

6 days

Immediate

Heart failure

How long

gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

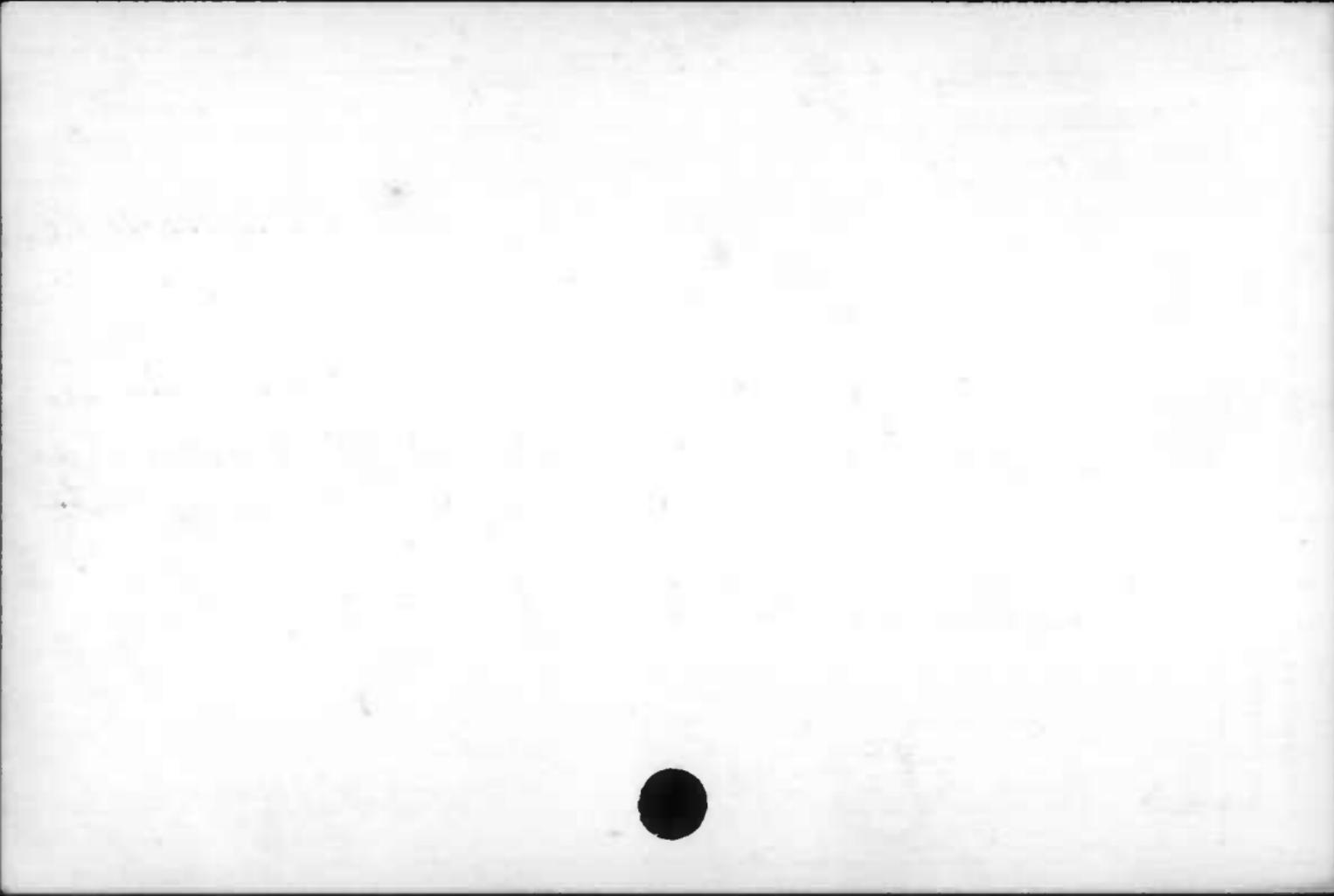
Address

I don't know

Jas Boardman MD
Centreville, Md.

Accident or Suicide

No



Name
in
Full

Infant Child of Jim & Anna Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-------------|----------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Birth-place | | | |
| Occupation | Where Reiding if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Father's Birthplace | | | | |
| Mother's Maiden Name | Mother's Birthplace | | | | |
| Name of person giving Information | How related to deceased | | | | |

Spaniards Neck Queen Anne

1909 3 21 — — —

Female Negro Spaniards Neck

— —

James Tolson Kent Island

Anna Clayton Spanish Neck

Harry Clayton Grand Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bathann Stout



How long

3 hours

Immediate

do not know

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

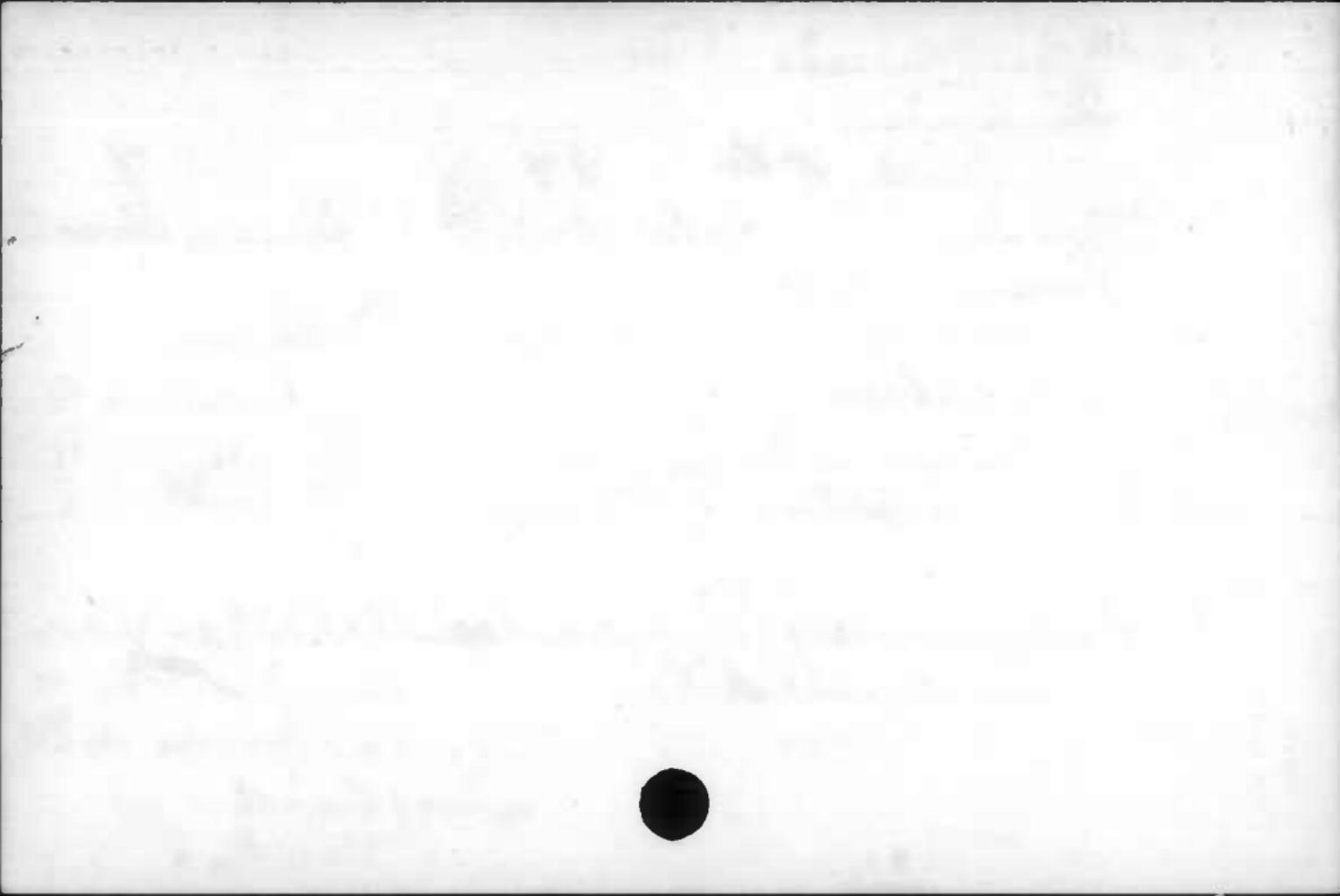
Signature of
Physician

Bathann Stout
mid wife

Address

John W. Tarnan
Sub Register

Accident or Suicide



Name
in
Full

Wm R. Dennis Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|----------------------------|----------|-------|--------|
| Town | County | | | | |
| Died at Ingleside | Queen Anne | | | | |
| Date of death 1909 | Month March | Day 5 th | Years 34 | Month | Days 7 |
| Sex Male | Color or Race colored | Birth-place Queen Anne Co. | | | |
| Occupation Farm Labourer | Where Residing if not et place of death | | | | |
| Married, Single or Widowed married | Name of Wife or Husband Susan Tolson | | | | |
| Father's Name Charles Tolson | Father's Birthplace Caroline Co. | | | | |
| Mother's Maiden Name Julia Bowyer | Mother's Birthplace " | | | | |
| Name of person giving Information Charles Tolson | How related to deceased Father - | | | | |

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis Probably one year -

Immediate

Endocarditis

How long

How long

One month -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

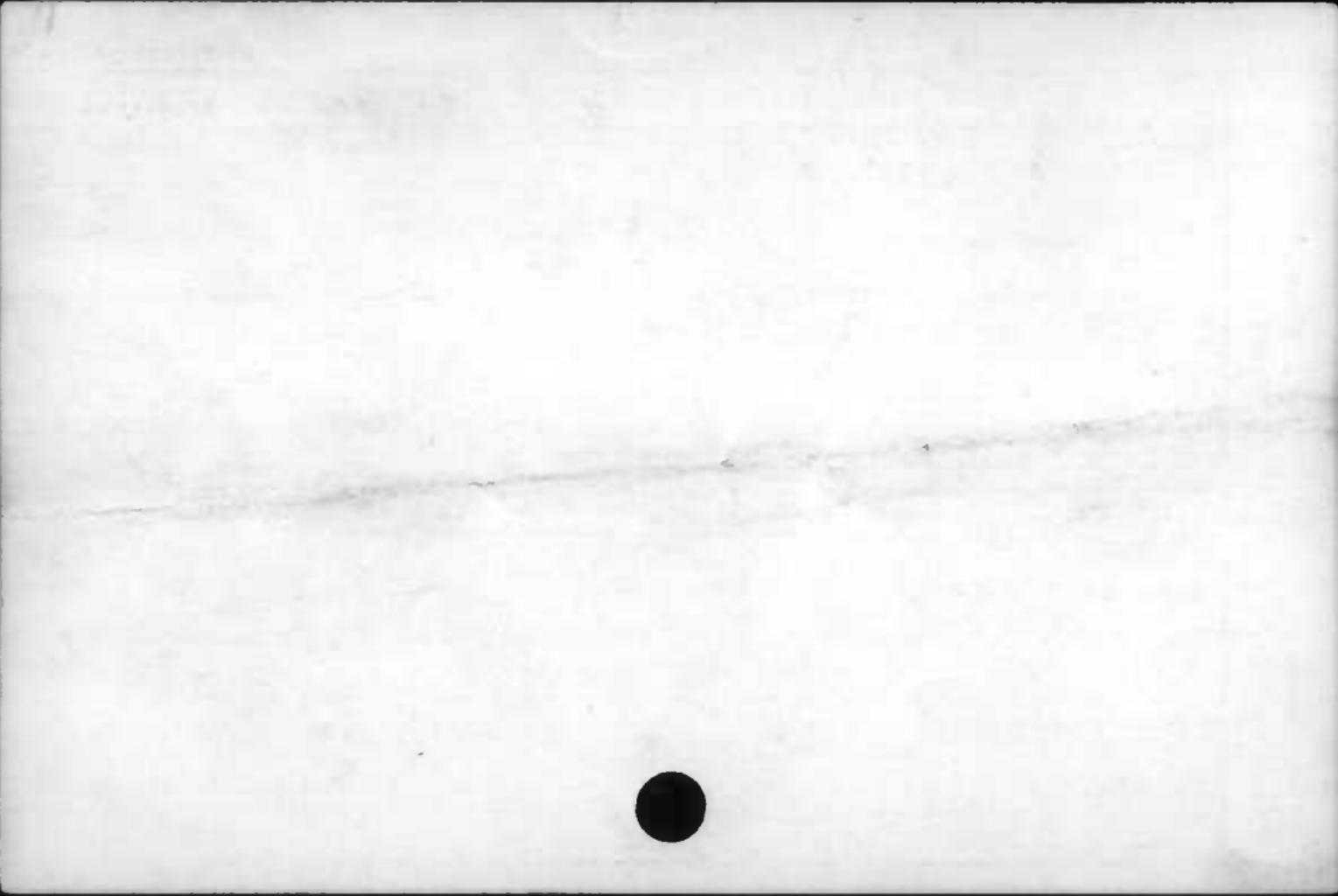
W. W. Brown M.D.

Ingleside
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

No.



Name
In
Full

Margaret Truett -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|------------------|---|---------|-------------------------|---------------------|------|
| Died at | Town | Buddeville | | County | Anne Arundel County | |
| Date of death | Month | Day | Age | Years | Months | Days |
| Sex | Female | Color or Race | white - | | Birth-place | Md |
| Occupation | None | Where Residing if not at place of death | | | | Md |
| Married, Single or Widowed | | Name of Wife or Husband | | | | |
| Father's Name | Spencer Truett - | | | Father's Birthplace | Md | |
| Mother's Maiden Name | Lena Clayton | | | Mother's Birthplace | Md | |
| Name of person giving information | Spencer Truett - | | | How related to deceased | Father | |

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary

Spina Bifida

How long

14 days

Immediate

General debility -

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Freda Suddeley

Address

Suddeville Md

Accident or Suicide?

Spaldingville